CANDIDATE'S AFFIDAVIT IN LIEU OF REPORT

(to be filed by a candidate or his principal campaign committee)

Use ONLY If ALL of the following criteria are met: (1) candidate is running for a "major" or "district" office; (2) contributions from one source in excess of \$200 have not been received for this election; (3) expenditures in excess of \$5,000 have not been made for this election; and (4) an Itemized (long) report has not been filed in connection with this election.

	IDAVIT MUST BE SWORN BEFOR		
Hand deliver or mall to: CAMPAIGN FIN. 1. Full Name and Address of Candwiste Kathleen Mary Bilbe 4520 Francesco Road New Orleans, LA 70329 MAJIJING ADDRESS: P.O. Box 29074 New Orleans, LA 70189-0074	ANCE, 8401 United Plaza Blvd., S 2 Office Sought (include title of office as well as parish, city, form and/or election district.) dudge, Orleans Parish Civil District Court Section "M"	OFFICE US (A) P (0) 99 (4) 23	
	_10th day prior to general _40th day after general _Annual (future election)	23 54 £3 F8: []	
5. FINAL REPORT if: MA Withdrawn Unopposed 8. a. Name of Person Preparing Report Kathleen Bilbe b. Daylime Telephone (504) 248-1706 and (504) 430-2735 8. I DO HEREBY CERTIFY, after being duly sworn, that, with respect to the		7. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY a. Name and address of principal campaign committee	
election described above, I (the Commicontributions form one source in excess of expenditures totaling in excess of \$5,000 is becoming a candidate (initial participation in the current reporting period. Signature of Candidate/Chainperson (To be signed by Chairperson only if report by principal campaign committee)	ittee) have (has) not received \$200 and have (has) not made in the aggregate from the time of	b. Name and address of committee's obsirperson	
Sworm to and subscribed before me thisZ3rd_day of atNew_Orleans	OUISIANA (SINKA)	c. Name and address of all subsi (Use scidillonal aheets if neces	